

WASHINGTON INSURANCE COMMISSIONER

P. O. Box 40257, Olympia WA 98504-0257

(360) 725-7144

Fax (360) 586-2019

INDIVIDUAL LICENSEE REQUEST FORM

AGENT'S NAME: _____ WA LICENSE #: _____

Phone #: _____ SSN # XXX-XX- _____ (LAST FOUR DIGITS ONLY)

The following is requested for the above named:

1. LETTER OF CERTIFICATION -- \$5.00 fee per letter requested

A Letter of Certification is issued to current resident individual licensee who is applying for a non-resident license in another state.

____ Please issue certification of my WASHINGTON resident insurance license(s) as I am applying for non-resident license. Enclosed is a self-addressed return envelope if it is to be mailed to an address other than my address of record.

Letters requested ____ X \$5.00 = \$ _____ Amount Due Mark if Surplus Line Broker _____

(Check payable to: Washington Insurance Commissioner. Credit Card payment accepted with completed Credit Card Authorization form)

2. LETTER OF CLEARANCE* -- no fee required

A Letter of Clearance is issued for a WA resident licensee who is moving or has moved to another state and is applying for a resident license in their new home state.

____ I request a Letter of Clearance

Mark if Surplus Line Broker _____

Please **CANCEL** my Washington license and forward a Letter of Clearance in the return envelope provided or mail to my address of record.

I understand that the insurance companies I represent will be notified that my license(s), appointments and affiliations are being canceled.

The licensee is the only party authorized to request cancellation of his/her license.

3. DUPLICATE LICENSE * -- \$5.00 fee per duplicate

____ I request a duplicate license

(Check payable to: Washington Insurance Commissioner. Credit Card payment accepted with completed Credit Card Authorization form)

4. CHANGE OF RESIDENCE ADDRESS ONLY

From: _____ To: _____

NOTE: There is no charge for address change unless you wish a new license printed. If a new license is requested, complete Item 3 and submit the proper fee.

5. CHANGE OF NAME* -- \$5.00 fee

From: _____ To: _____

*Name change--include copy of documentation (i.e. Marriage Cert., Court Order,) Complete # 4 if address change also. (Check payable to: Washington Insurance Commissioner. Credit Card payment accepted with completed Credit Card Authorization form)

Signature of Requestor*

Date

*Items 2, 3 & 5 REQUIRE the LICENSEE'S signature. Last four digits of SSN are required for all requests.